

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Rajeev A. JAIN et al.

Title:

RAPIDLY DISINTEGRATING SOLID ORAL

**DOSAGE FORM** 

Prior Appl. No.:

10/276,400

Prior Appl. Filing Date:

01/15/2003

Examiner:

Unassigned

Art Unit:

1615

## CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[X] Continuation [] Division [] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

## Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (4 pages).
- [X] Preliminary Amendment (14 pages).
- [X] Specification, Claim(s), and Abstract (42 pages).
- [X] Formal drawing (1 sheet, Figure 1).
- [X] Copy of Declaration and Power of Attorney (8 pages).



- [X] Information Disclosure Statement (2 pages).
- [X] Form PTO/SB/08 (2 pages).

The filing fee is calculated below:

	Claims		Included in	l	Extra			****	Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	85	-	20	=	65	X	\$18.00	=	\$1,170.00
Independ ents:	3	-	3	_	0	x	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$280.00								=	\$0.00
SUBTOTAL:								=	\$1,920.00
[]	] Small Entity Fees Apply (subtract ½ of above):								\$0.00
TOTAL FILING FEE:								=	\$1,920.00

- [X] A check in the amount of \$1,920.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Set 23, 2003
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